

Add/Edit UAC

First Name: [REDACTED]  
Last Name: [REDACTED]  
Middle Name: [REDACTED]  
DOB: [REDACTED]  
Country of Birth: El Salvador  
Health Concerns?: ☒ No ☐ Yes  
Foot Guide?: ☒ No ☐ Yes  
Related to Other UAC(s)?: ☒ No ☐ Yes  
Status: ADMITTED  
AKA: [REDACTED]  
Gender: Male  
A Number: [REDACTED]  
Immigration Status at Referral: NTA issued  
Criminal Charges?: ☒ No ☐ Yes

UAC Apprehension Information

Additional Information: Gang Member Family Group: [REDACTED] Flag UAC: [REDACTED] Red

Relationship Group ID:

Name				Age	A No.	Relationship to UAC
[REDACTED]				[REDACTED]	[REDACTED]	-- Select Relationship --
[REDACTED]				[REDACTED]	[REDACTED]	-- Select Relationship --
[REDACTED]				[REDACTED]	[REDACTED]	-- Select Relationship --
[REDACTED]				[REDACTED]	[REDACTED]	-- Select Relationship --
[REDACTED]				[REDACTED]	[REDACTED]	-- Select Relationship --

Apprehension and Transfer Information

Referring Agency: Immigration and Customs Enforcement  
Referring Sector: New York City (NYC)  
Manner of Entry: EWI/Entered  
Email(s): Linda.Hyde@ice.dhs.gov  
Referral Date/Time: 7/6/2017 07:30 PM  
ORR Placement Date/Time: 7/6/2017 08:26 PM  
Processing POC: Linda Hyde  
Phone: 6464233036

Entry: Select Option  
Apprehension: Select Option  
Current Location: Select Option  
City and/or Location Code: New York  
State: New York  
Date/Time: 7/6/2017 12:00 AM

Parent/Relative Information

Name				Phone No.	Relationship to UAC	Address
[REDACTED]				[REDACTED]	-- Select Relationship --	[REDACTED]
[REDACTED]				[REDACTED]	-- Select Relationship --	[REDACTED]
[REDACTED]				[REDACTED]	-- Select Relationship --	[REDACTED]
[REDACTED]				[REDACTED]	-- Select Relationship --	[REDACTED]

Referral Notes

Notes: [REDACTED] has been identified as an MS-13 gang member by HSI, predicated on the following:  
Has been identified as a member of MS-13 by Suffolk County PD gang unit.  
Has been suspended from Ballport High School for gang related activities.  
Has been observed wearing clothing and apparel associated with MS-13 and observed on video flashing gang signs.  
No criminal charges  
No discipline issues while in custody.

Secure/Staff Secure Addendum

Justification for Secure Placement

Gang Affiliation

Any Known Gang Affiliation:

☒ Yes ☒ Suspect ☐ No ☐ Unknown

Name of Gang:

MS-13

Determined by:

Self-Admission of UAC  
Gang Tattoos  
Gang Affiliation Summary

Gang Affiliation Summary:

Identified by Suffolk County PD Gang Unit.

Detention Facility Information (If UAC received from a detention facility)

Type of Detention Facility:

Adult Detention

Facility Name:

Phone Number:

POC:

Fax Number:

Admission Date:

Discharge Date:

Summary of Known Incident Reports During Stay at Detention Center:

Summary of known TB tests and medical/mental health condition:

ORR Placement Information

Program Type:

Select Program Type

Enroll in Program:

Select Program

>| Save

>| Reset

>| Fast

>| Non-Fast